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UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (COEUR D'ALEN)		PROOF OF CLAIM
Name of Debtor Frank I. Chapin Sydney L. Gutierrez-Chapin		Case Number 02-20218
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.</p>		<p>COUNTS</p> <p>-3 P 5:00</p>  <p>IDAHO 02-20218</p>  <p>1812148</p> <p>THIS SPACE IS FOR COURT USE ONLY</p>
Name of Creditor (The person or other entity to whom the debtor owes money or property): Deaconess Medical Center c/o Name and Address where notices should be sent: Deaconess Medical Center c/o and The Foundation for Allen Ruben Stamper Ruben Deaconess & Valley Stocker & Smith 720 West Boone, Healthcare Ste 200 Spokane, WA 99201		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone Number: (509) 326-4800		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____
Account or other number by which creditor identifies debtor: N/A		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Breach of fiduciary duty</u>		
2. Date debt was incurred: See attached.		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ See attached.		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 7/2/02	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Alan L. Rubens, WSBA #12239	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

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**PROOF OF CLAIM
SUMMARY OF SUPPORTING DOCUMENTS**

Debtor Frank L. Chapin was the co-Personal Representative for the Estate of Christina Leaf, Spokane County Superior Court, Cause No. 96-4-006175. Estate funds have not been distributed to the beneficiaries of the Estate, nor did Debtor Frank L. Chapin fulfill his statutory and fiduciary duties as the co-Personal Representative. Debtor Frank L. Chapin has resigned as a Personal Representative, but the court refused to discharge him from liability for his acts or failure to act as the Co-Personal Representative. The Washington Probate Court has now appointed attorney Michael J. Paukert to represent the interests of the Estate of Christina Leaf in the instant bankruptcy proceeding.

The Estate of Christina Leaf filed an adversary complaint for damages and to deny discharge in the instant bankruptcy matter. See Adv. Pro. No. 02-6135. Debtor Frank L. Chapin has admitted under oath that he converted the bulk of Estate assets to his own personal use.

Nine of the beneficiaries of the Estate of Christina Leaf have filed a civil tort action against debtor Frank L. Chapin in Spokane County Superior Court. Spokane County Superior Court, Cause No. 01-2-06413-9. The tort action seeks unspecified damages for negligence, fraud, and breach of fiduciary duty.

The nine beneficiaries have also filed an adversary complaint against the debtors and the debtors' wholly-owned corporation, Financial Management Services, Inc.. See Adv. Pro. No. 02-6136, seeking damages and denying discharge of the Chapin's debts to the beneficiaries.

The debt due the Estate and beneficiaries is estimated at \$1.8 million, however debtor Frank L. Chapin's past refusal to provide a complete and accurate accounting of the total Estate assets and the funds he converted from the Estate has made it difficult to arrive at the exact amount. The beneficiary creditors seek civil damages for the six year delay in receiving their rightful inheritance. The civil damages are in excess of the \$1.8 million claimed by the Estate, however, the amount of civil damages is unliquidated and contingent at this time.